

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU**

Departmental Quality Improvement Council Meeting

A G E N D A

September 12, 2016

9:00 – 10:30 a.m.

550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Naga Kasarabada, Ph.D., Chair

Karen Lee, M.D./Carol Eisen, M.D., Co-Chairs

I	9:00 - 9:05	Introductions & Review of Minutes	QIC Members
II	9:05 – 9:35	Patients' Rights Office (PRO) <ul style="list-style-type: none"> ➤ SA PRO Liaisons ➤ Grievances & Appeals – ABGAR form & Annual Report 	A. Bruce M. Hernandez
III	9:35 – 9:40	Clinical Quality Improvement <ul style="list-style-type: none"> ➤ OMD Report 	Dr. Eisen/Dr. Lee M. O'Donnell
IV	9:40– 10:05	ACCESS Center Update <ul style="list-style-type: none"> ➤ Calls answered within a minute ➤ PMRT response times (day time and after hour) ➤ Urgent appointments offered within 5 days 	M. Tredinnick
V	10:05 – 10:15	Cultural Competency Updates <ul style="list-style-type: none"> ➤ SA QI Project - Cultural Competence Training 	S. Chang Ptasinski
VI	10:15 – 10:20	Policy Update – Office of Compliance	R. Faveau
VII	10:20 – 10:25	Compliance on Systems Review – Cultural Competence Training	N. Kasarabada
VIII	10:25 – 10:30	Provider Directory Hard Copies	V. Joshi
		Announcements: Dark in October due to Columbus Holiday	

Next Meeting

November 14, 2016

9:00 – 10:30 a.m.

550 S. Vermont Ave. 10th Floor Conference Room
Los Angeles, CA 90020

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes**

Type of Meeting	Departmental Quality Improvement Council	Date:	September 12, 2016	
Place	550 S. Vermont Ave., 10 th Floor Conf. Rm.	Start Time:	9:00 a.m.	
Chair	Naga Kasarabada, Ph.D.	End Time:	10:30 a.m.	
Co-Chair	Carol Eisen, M.D./Karen Lee, M.D.			
Members Present	Antonio Banuelos; Barbara C. Engleman; Barbara Paradise; Bertrand Levesque; Caesar Moreno; Christina Kubojiri; David Tavlin; Debi Berzon-Leitelt; Elizabeth Gildemontes; Emilia Ramos; Gassia Ekizian; Helena Ditko; Jamie Walker; Jerry Sefiane; Karen Lee; Kary To; Kimber Salvaggio; Kisha Thompson; Leticia Ximenez; Lisa Harvey; LyNetta Shonibare; Margaret Faye; Maria Gonzalez; Martin Hernandez; Mary Ann O'Donnell; Michael Tredinnick; Michele Munde; Michelle Rittel; Monika Johnson; Randolph Faveau; Sandra Chang-Ptasinski; Tonia Amos Jones; Vandana Joshi; Victoria Lee			
Excused/Absent Members	Anna Levina; Aprill Baker; Carol Eisen; Elizabeth Dandino; Debra Mahoney; Greg Tchakmakjian; Mary Camacho Fuentes; Misty Aranoff			
Agenda Item & Presenter	Discussion and Findings		Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.		QIC members attended this meeting.	Dr. Kasarabada
Review of Minutes	The August minutes were reviewed.		Minutes were reviewed and approved as noted.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Patients' Rights Office (PRO) SA PRO Liaisons	Ms. Bruce announced the names of four liaisons that will be attending the Service Areas (SA's) QIC meetings. Each liaison is responsible for two SAs; Their role is to collaborate with SA Chair/Co-Chairs, attend SA QIC meetings and provide support as needed on issues related to PRO. Ms. Walker will continue to be the lead for the entire Change of Provider report.	Ms. Bruce will be sending an email to SA Chairs/Co-Chairs with the names of the liaisons responsible for each of the SAs.	A. Bruce
Grievance & Appeals – ABGAR form & Annual Report	Mr. Hernandez presented on Annual Beneficiary Grievances and Appeals (ABGAR) report. This report is due to the State on October 1, 2016. He provided information on the new form regarding the improvement to reporting complaints that beneficiaries file with Mental Health Plan (MHP). The new form is different as the categories and subcategories are different. There are many additions to subcategories in the form. The report will only include complaints by beneficiaries who have Medi-Cal. This does not mean that non-Medi-Cal beneficiary complaints will not be investigated. All grievances and appeals are investigated by the PRO. Mr. Hernandez also explained the difference between Notices of Action A, B, C, D and E.	A new Grievance/Appeal or Expedited Appeal Form was created for beneficiaries to file complaints against the mental health plan. This form was approved by Department of Health Care Services (DHCS) back in Dec. 2015. Slight additions have been made to improve the quality of the form. PRO is currently in the process of having the new form translated into the 12 threshold languages.	M. Hernandez
Clinical Quality Improvement OMD Report	The eConsultation rollout will be implemented in October. Electronic consultation (eConsult) is primarily targeting the indigent and DHS My Health LA patient population. An eConsult platform is used to consult the physicians from General Medicine Service at DHS to ask questions DMH psychiatrists might have about the medical conditions of mental health clients. This is for directly operated clinics and is voluntary for the DMH providers.	Dr. Lee stated that JV 229 form has been revised and is posted online.	K. Lee

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Clinical Quality Improvement OMD Report Cont.	Ms. O'Donnell stated that Policy 303.05 Reporting Clinical Event still in process. Once it gets approved Ms. O'Donnell will forward it to QIC members via email. Also she stated that the Department via memo from Dr. Shaner on August 11, 2016, suspended certain elements of Policy 200.13 Suicide Risk Assessment & Mitigation due to feedback regarding challenges in implementation.		M. O'Donnell
ACCESS Center Update - Calls answered within a minute PMRT response times (day time and after hour) Urgent appointments within 5 days	Dr. Tredinnick summarized the ACCESS Center services from January through July 2016. For ACCESS Center calls on the 800-line, 71 % of daytime calls and 74% of after-hours calls were answered in under a minute. Per the Calendar Year (CY) 2016 QI Work Plan goal 65% of daytime and 75% of after-hours calls should be answered in under a minute. An average of 96% of the calls on the Appointment Line are answered in under a minute, with the QI Work Plan goal set at 95%. In addition 89% of the daytime responses of the Psychiatric Mobile Response teams to crisis field visits took place with one hour, while this number dropped to 69% after hours. Dr. Tredinnick noted that the number of ambulance companies with DMH contracts has increased to 10, and along with increased reimbursement rates, this should lead to quicker ambulance response times.		M. Tredinnick
Policy Update – Office of Compliance	Mr. Faveau from Compliance Privacy and Audit Services Bureau provided an update on policies and reviewed the handout.		R. Faveau

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Cultural Competency (CC) Updates SA QI Project – Cultural Competence Training	<p>Dr. Chang Ptasinski provided an update on the Cultural Competency (CC) training for the Service Area QICs. Dr. Chang Ptasinski encouraged SA QIC Chairs /Co-Chairs to send the announcement/invitation for the training to their membership. The Cultural Competency training will provide the basic concepts of culture competency, cultural humility and cultural sensitivity and their application to service delivery.</p>	<p>Training will take place at 600 S. Commonwealth. Providers are encouraged to send the person in charge of trainings and skill development.</p>	<p>S. Chang Ptasinski</p>
Compliance Systems Review – Cultural Competency Training	<p>Dr. Kasarabada mentioned that the CC training would help us meet the requirements for the System Review and also this is one of the EQRO recommendations this year. QID is waiting to receive the final report from the Systems Review. The system reviewers stated that every program, directly operated and contract provider clinics should ensure that every staff attends at least one cultural competency training every year.</p> <p>A question was brought if the training was also a requirement for security guards who are working in the clinics.</p>	<p>Based on Systems Review recommendation, Dr. Kasarabada stated that QID suggested Workforce Educational Training (WET) to have a check box on the training registration form that includes job duties (for example, Administration/Management, Clinical, Clerical/Support). QID will also include a check box on the Cultural Competency training registration form and will also have a training evaluation form categorizing the staff level such as Administration/ Management, Clinical, Clerical/Support staff. Dr. Kasarabada mentioned that the supervisors should encourage employees to enhance the skills on cultural competency trainings related to their job duties. Every supervisor who prepares a PE should be able to check that each employee attended at least one annual cultural competency training.</p>	<p>N. Kasarabada</p>

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Provider Directory Hard Copies	Dr. Joshi provided an update on printing the Provider Directory. She mentioned that the Provider Directory will be printed in all the threshold languages in limited quantities. Each SA will receive Provider Directories in English and the threshold language for their SA. All SAs will be receiving the Spanish Provider Directory.	These directories are also available at the PSB-QI website. Providers can also print copies from this website.	V. Joshi
Handouts:	Policy/Procedure Update September 12, 2016		

Respectfully Submitted,

Naga Kasarabada, Ph.D.